

Proposal Format

The proposal must follow the following format and provide all the requested information:

- A. The applicant should fill out the “Applicant Information” and “Contact Information” forms, found in the application packet. Fill out ALL information requested, if an item is not applicable fill in “N/A.”
- B. The applicant should summarize and explain its agency’s background, mission, experience and capability to perform the applied for program. The applicant should demonstrate its specific knowledge of issues regarding underage drinking.
- C. A program narrative that describes how the sub-grant funds will be used, in conjunction with existing State and local resources, to support implementation of a State strategy by funding programs and projects. You should:
 - 1. Identify the specific problem, target population and geographic area that the proposed program will address.
 - 2. Define the needs and characteristics of the target population and provide a summary of existing resources, identify gaps and barrier in existing services.
 - 3. Provide supporting documentation, including relevant local facts, statistics, study findings, etc. for the specific problem to be addressed.
 - 4. Specify clear, realistic goals for the proposed program and identify objectives that are concise, measurable, and clearly relate to the goals, problem statement and target population.
 - 5. Describe the program approach or strategy for attaining each objective.
 - 6. Provide a program work plan which identifies each objective along with the major activities, responsible staff and feasible time frames for each objective and activities and methods for achieving each objective.
 - 7. Describe the applicant’s partnership/coalition building strategy and use of volunteers. Includes letters of support which define the roles, responsibilities, referral mechanisms, collaboration and coordination efforts necessary for the successful implementation of the project.
- D. You must identify project management and staff. Provide the current resumes of key staff involved in the project. Include a table of organization and job descriptions, responsibilities, education and experience for each job title. You should indicate if each position will be either full- or part- time positions or the number of hours or percentage of time that will be devoted to the project. The applicant should also demonstrate that its management and staff are qualified and can meet the requirements of the project. You should explain if your existing staff or new staff will be used to work on the project.
- E. The applicant must produce a program evaluation as a condition of the sub-grant. The applicant needs to describe a program evaluation plan that will measure the extent to which stated objectives were achieved. You need to specify how, when and what type of data will be collected, probable test instruments and persons responsible for conducting the evaluation. The applicant must agree to cooperate with the ABC and OJJDP in the evaluation of the State program.

- F. Budget. The applicant must itemize a budget (budget forms are in the application packet) that clearly identifies the costs in each budget category. You should include a budget narrative that provides detailed justification on each itemized cost, how such costs were calculated and why they are necessary to the project. Each item in the application/proposal should be accounted for in both the budget and the budget narrative. Budget categories include: personnel, fringe benefits, travel, equipment, supplies and consultants costs. Applicants must submit a budget detail worksheet. An example may be found at “<http://www.ojp.usdoj.gov/forms.htm>”
- G. You must include, with your application/proposal a Resolution of Participation from the applicant unit of government (Not applicable if a non-governmental agency) and a signed “Application Authorization “ form, both of which can be found in the application packet. These documents are required in order for us to accept and review your proposal.

Other Application Requirements

1. An applicant who is awarded a sub-grant must agree, complete and keep on file, the Immigration and Naturalization Service Employment Eligibility Form (I-9) to verify that persons employed by the applicant are eligible to work in the United States.
2. An applicant who is awarded a sub-grant, is required to review and sign a copy of the General/Special Conditions and Assurances which include details from OJJDP form 4061/6. This form certifies that the applicant will comply with requirements under 28 CFR Part 69, “New Restrictions on Lobbying,” and 28 CFR Part 67, “A Government-Wide Debarment and Suspension (Non procurement) and Government-Wide Requirements for Drug-Free Workplace (Grants).” Examples of these forms may be found at “<http://www.ojp.usdoj.gov/forms.htm>”.

Budget Detail Worksheet

All required information must be provided. Any category of expense not applicable to your budget may be deleted.

A. Salaries and Wages - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position

Computation

Cost

TOTAL _____

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position

Computation

Cost

TOTAL _____

Total Personnel & Fringe Benefits _____

C. Travel - Itemize travel expenses of project personnel by purpose (e.g. staff to training, field interview, advisory group meetings, etc.). Show the basis of computation (e.g. six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
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TOTAL _____

D. Equipment - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000.) Expendable items should be included either in the "Supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
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TOTAL _____

E. Supplies - List items by type (office supplies, postage, training materials, copying paper and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000.) Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items

Computation

Cost

TOTAL _____

F. Construction - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before bedgeting funds in this category.

<u>Purpose</u>	<u>Description of Work</u>	<u>Cost</u>
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TOTAL_____

G. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimate time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Cost</u>
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SUBTOTAL _____

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e. travel, meals, lodging, etc.)

<u>Item</u>	<u>Location</u>	<u>Computation</u>	<u>Cost</u>
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SUBTOTAL _____

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

<u>Item</u>	<u>Cost</u>
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SUBTOTAL _____

TOTAL _____

H. Other Costs - List items (e.g. rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

<u>Description</u>	<u>Computation</u>
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Cost

TOTAL _____

I. Indirect Costs - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct cost categories.

Description	Computation	Cost
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Budget Summary - When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category	Amount
A. Salaries and Wages	_____
B. Fringe Benefits	_____
C. Travel	_____
D. Equipment	_____
E. Supplies	_____
F. Construction	_____
G. Consultants/Contracts	_____
H. Other	_____
Total Direct Costs	_____
I. Indirect Costs	_____
TOTAL PROJECT COSTS	_____

Federal Request _____

Non-Federal Amount _____

THE OFFICE OF JUVENILE JUSTICE AND DELINQUENCY
PREVENTION (OJJDP) ENFORCING THE UNDERAGE DRINKING
LAWS STATE BLOCK GRANT PROGRAM; RESOLUTION APPROVING
PARTICIPATION WITH THE STATE OF NEW JERSEY DIVISION
OF ALCOHOLIC BEVERAGE CONTROL PROGRAM

WHEREAS, the Division of Alcoholic Beverage Control (ABC) is responsible for administering the Office of Juvenile Justice Delinquency Prevention (OJJDP) State Block Grant Program Enforcing the Underage Drinking laws;

WHEREAS, _____ wishes to apply to
(Local Agency Responsible for Project)
ABC for funds in connection with a project entitled _____
_____;

WHEREAS, the _____
(Applicant Unit of Government Governing Body)
has reviewed said application and finds approval thereof to be in the best interests of the municipality/county; and

WHEREAS, said project is a joint project between the State of New Jersey (ABC) and
_____ for the purposes therein described:
(Unit of Government)

NOW, THEREFORE, BE IT RESOLVED by the _____
(Governing Body)

(1) that as a matter of public policy _____
(Unit of Government)

wishes to participate with the State of New Jersey (ABC) to the greatest extent possible; (2) that the Division of Alcoholic Beverage Control (ABC) be requested to accept said application on behalf of the municipality/county; and (3) that the appropriate fiscal officer will accept the funds in connection with said project from the ABC and make disbursements in accordance with said application.

CERTIFICATION OF RECORDING OFFICER

This is to certify that the foregoing Resolution is a true and correct copy of a resolution finally adopted at the meeting of the _____ held on

(Governing Body of Unit of Government)
the _____ of _____, 20____, and duly recorded in my office; that all requirements of law pertaining to the conduct of said meeting and the passage of this resolution were observed; and that I am duly authorized to execute this certificate.

DATED this _____ day of _____, 20____.

SEAL _____
(Signature of Certifying Officer)

(Title of Certifying Officer)

APPLICANT INFORMATION

1. Official Name of Applicant Agency:

2. Type of Agency: ____ State ____ County ____ Municipality ____ Non-profit

3. Street Address:

City:

State:

Zip Code:

4. Mailing Address (if different from above):

5. Federal ID Number:

6. Web Site:

CONTACT INFORMATION

Primary Contact Person

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

Secondary Contact Person

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

Chief Financial Officer

1. Name:

2. Title:

3. Address:

City:

State:

Zip Code:

4. Phone Number (with extension):

5. Fax Number:

6. E-Mail Address:

APPLICATION AUTHORIZATION

To the best of my knowledge, the information in this application is true and correct, the document has been duly authorized by the governing body of the applicant or other authorized party, and the applicant will comply with all General Conditions and Assurances associated with this program.

The undersigned gives authorization to submit the application to the State of New Jersey, Division of Alcoholic Beverage Control for the following subgrant project:

(Name of proposed project)

at an estimated cost of \$_____.

(Signature of Project Director/CEO)

(Title)

(Date)

(Print Name of Project Director/CEO)